

Palmetto Payroll W2 Reprint Request Form

Company Name

Mail to:
Palmetto Payroll Solutions
P.O. Box 6156
Columbia, SC 29260
Or
Fax to: (803) 753-0151

Please fill out the below form, sign and mail or fax to the above.

Please fill out and return to Palmetto Payroll

Please reissue a Wage and Tax Statement (Form W2) for the following employee, for the tax year ending 2009. I understand there will be a \$5.00 service charge for the reprint of each W2.

Employee Name

Employee SSN

Street Address

City

State

Zip

Reason for Reprint (Circle One)

* Never Received

* Misplaced or Destroyed

* Incorrect SSN or Name

* Other (Explain)

(If SSN is incorrect, please forward a copy of your Social Security card and a copy of your W2 with this request)

Employee Signature

Employer Signature

Request Date